

CONTINUING EDUCATION WAIVER REQUEST**INSTRUCTIONS:**

1. Complete this Continuing Education Waiver Request using a typewriter or pen. If completed in pen, legibly print each entry.
2. Submit this waiver request with your license renewal documents when you renew your license. Waiver requests cannot be accepted or granted at any other time.
3. Submit a physician's verification if waiver request is for a disability of six months or more during the past year.
4. Supply confirmatory proof of residency of six months or more, outside the USA or outside California if absence was military related.
5. You must pay all renewal fees including the continuing education administration fee as disclosed on your renewal notice.
6. If a waiver is granted, the status of your license will be renewed as an active license for the coming year.
7. The waiver is valid for this renewal year. If your situation requires a waiver next year, you must submit a new request.

8. MAIL TO: **LABORATORY FIELD SERVICES**
Office of Continuing Education
2151 Berkeley Way, Annex 12
Berkeley, CA 94704-1011
(510) 873-6327

Name		License number	Telephone (day)	Telephone (home)
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Mailing address (number, street)			E-mail address	
City	State	Country	ZIP code	
Describe reason for waiver request				

COMPLETE THE APPROPRIATE SECTIONS

1. For disability, indicate dates

Physician verification (Physician, please describe disability and why it prevented continuing education completion.)

Physician signature	Date	Physician name (print)	License number		
Address (number, street)		City	State	ZIP code	Telephone
2. Dates of absence from USA (send proof)			Country of residence		
3. Dates of military service outside California (send proof)			Where stationed		

I hereby apply for a Continuing Education Waiver. I certify that the information presented above is true and correct.

Signature of licensee	Date
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